

Establishment: _____

Date of Suspect Meal: _____

Phone number: _____

Master List of Food Employees/Stool Tracking

Include: Servers, Dishwashers, Food Preparation Workers, Bartenders, Kitchen Supervisors, Kitchen Managers, and all persons who are associated with food service or have access to the kitchen.

Include all those who worked or were out sick between _____ and the present.

Manager in charge of the facility on the date of the event/suspect meal: _____

Person in charge of the kitchen in the date of event/suspect meal: _____

Who is/are the Certified Food Protection Manager(s)? _____

Name	Phone	Title/Position	Stool Samples								Comments
			Date Collected	Result	Date Collected	Result	Date Collected	Result	Date Collected	Result	

Establishment: _____

Continuation page

Name	Phone	Title/Position	Stool Samples								Comments
			Date Collected	Result	Date Collected	Result	Date Collected	Result	Date Collected	Result	